



EDGEWOOD COLLEGE

FINANCIAL AID OFFICE

Phone 608.663.4300 • Fax 608.663.3495 • ecentral@edgewood.edu

2020-2021 Dependent Household Worksheet

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Last Name: _____ First Name: _____ M.I.: _____ Edgewood ID#: _____

Parent Email: _____ Phone Number (include area code): _____

Your financial aid is considered an estimate and will not be applied to your student account until verification has been completed.

A. Family Information

List the people in your parents' household, please include:

- Yourself - even if you live on your own.
- Your parent(s) (including stepparent).
- Your siblings, step siblings, or any other people who live with your parents and your parents will provide more than half of their support from July 1, 2020 through June 30, 2021.

Full Name	Age	Relationship	College Name (for any household member attending at least half-time between 7/1/20 and 6/30/21, and will be enrolled in a degree, diploma, or certificate program)
Example: Martha Jones	20	Sister	Edgewood College
		Self	

B. STUDENT/PARENT Untaxed Income Information

Untaxed Income	Student Amount in 2018	Parent Amount in 2018
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).		
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.		
Child support received for any of children. Don't include foster care or adoption payments.	N/A	
Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.		
Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.		
Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.		
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.		
Veteran's noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.		
Other untaxed income not reported in items 45a - 45h or 94a - 94h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.		
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.		N/A

C. Sign This Worksheet

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. At least one parent must sign. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

_____ Date _____
Student's Signature

_____ Date _____
Parent's Signature

Verification Deadlines:
For the Pell Grant only, verification materials must be submitted no later than 120 days after the last date of attendance. For all other programs, our office must receive verification materials no later than one week prior to the last date of attendance.